



LOCAL BOARD OF HEALTH MEMBERSHIP ROSTER

State Form 48137 (R4 / 9-06)
Indiana State Department of Health

INSTRUCTIONS: Mail to: Indiana State Department of Health
Partner Relations - 8B
2 N. Meridian St
Indianapolis, IN 46204

(county or city health department)

Due Date: January 31

NAME	ADDRESS	PROFESSION	TERM OF OFFICE		APPOINTING BODY		POLITICAL PARTY AFFILIATION	
			Begin	End	County	City	Dem	Rep

Board Chairperson: _____

Vice-Chairperson: _____

Person Completing Form: _____

Phone #: _____ / _____ Date: _____